

Town of Francis Building Permit Application

Owner of Property		Phone	
Mailing Address		City	
Bldg. Address		Assessors Parcel No.	
Proposed Use of Structure		Lot # <input type="checkbox"/> Plat <input type="checkbox"/> Subd. Name <input type="checkbox"/>	
Property Location		<input type="checkbox"/> If metes and bounds, attach description	
Total Property Area In Acres or Sq. Ft.		Total Bldg. Site Area Used	
Date of Application		Date Work Begins	
Previous Use of Land or Structure		Assessory Bldgs. Now on Lot	
Dwell Units Now on Lot		<input type="checkbox"/> Covered <input type="checkbox"/> Uncovered <input type="checkbox"/> Sign <input type="checkbox"/> Build <input type="checkbox"/> Remodel <input type="checkbox"/> Addition <input type="checkbox"/> Repair <input type="checkbox"/> Move <input type="checkbox"/> Convert Use <input type="checkbox"/> Demolish No. of Offstreet Parking Spaces: _____	
Architect or Engineer		Phone	
Business Name-Address		Business Lic. No.	
General Contractor		Phone	
Business Address		State Lic. No.	
Electrical Contractor		City/Co. Lic. No.	
Business Address		State Lic. No.	
Plumbing Contractor		Phone	
Business Address		State Lic. No.	
Mechanical Contractor		Phone	
Business Address		State Lic. No.	

ZONING APPROVAL

Use/Structure is Permitted _____ Zone _____ Approved by _____

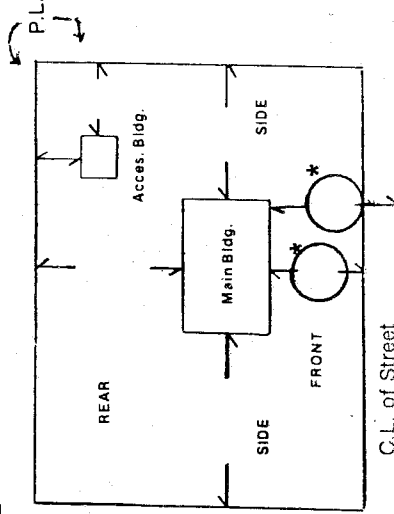
Non Conforming _____

Conditional _____

MINIMUM SETBACKS

SETBACK FOR SIDE ALONG STREET SHALL BE SAME AS FRONT SETBACK.

*Whichever Distance is Greater.



Receipt No. _____ Date Issued _____ Permit Number _____

BUILDING FEE SCHEDULE

Square Ft. of Building	Valuation
Other Floor	Building Fees
<input type="checkbox"/> Finish Basement	Plan Check Fees
Carport Sq. Ft.	Electrical Fees
Garage Sq. Ft.	Plumbing Fees
Other	Mechanical Fees
Type of Bldg.	Water
No. of Dwellings	Sewer
	Storm Sewer
Occ. Group	Moving or Demo
Type of Construction	Temporary Conn.
<input type="checkbox"/> Frame <input type="checkbox"/> Brick Ven. <input type="checkbox"/> Log	Reinspection
<input type="checkbox"/> Brick <input type="checkbox"/> Block <input type="checkbox"/> Concrete <input type="checkbox"/> Steel	
Max. Occ. Load	
Roof Snow Load	psf
No. of Bedrooms	
Fire Sprinklers Reg. <input type="checkbox"/> Yes <input type="checkbox"/> No	Total

Plan Chk OK by _____

Building Inspector Signature _____

SPECIAL APPROVALS AND REQUIREMENTS

Special Approvals	Required	Received	Not Req.
Board of Adjustment			
Conditional Use			
Fire Dept.			
Soil Report			
Water or Well Permit			
Sewer or Septic Tank			
Road Department			
Road Approach Permit			
Other (specify)			
Bond			

Address _____

Must be Posted prior to Occupancy _____

Special Requirements or Comments: _____

NOTICE.

Construction may require installation of underground utilities. Summit County will not allow open excavation of roadways after October 1st.

This permit becomes null and void if work or construction authorized is not commenced within 180 days, or if construction or work is suspended or abandoned for a period of 180 days at any time after work is commenced. I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not the granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction and that I make this statement under penalty of perjury.

Signature of Contractor or Authorized Agent _____ Date _____

Signature of Owner (if Owner) _____ Date _____